

ASHFORD URBAN DISTRICT



ANNUAL REPORT

FOR

1940

ON THE

HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH.

J. MARSHALL,
M.B., Ch.B., D.P.H.

Medical Officer of Health and Assistant School Medical
Officer for Ashford Urban District.

ASHFORD :

Geerings of Ashford, Ltd., 80, High Street.

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PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer of Health and Assistant School Medical Officer.

MARSHALL, J., M.B., CH.B., D.P.H.

Chief Sanitary Inspector.

HARLAND, H. J., CERT. R.S.I., Certificated Meat Inspector.

Additional Sanitary Inspector.

HOSKEN, E., CERT. S.I.B., M.R.S.I., M.R.I.P.H.H., Certificated
Meat Inspector.

Health Visitors.

WILLMORE, S. (MISS), S.R.N., S.C.M., H.V.

ROGERS, H. (MISS), S.R.N., S.C.M., H.V.

Matron of Isolation Hospital.

STREETER, A. (MISS), S.R.N.

ASHFORD URBAN DISTRICT.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1940.

To the Chairman and Councillors of the Ashford Urban District.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my first Annual Report for the year ending 31st December, 1940. As you are aware my predecessor retired in May, 1940 and was unable to provide an Annual Report for the year 1939. Having obtained the approval of the Ministry of Health to engage a full-time Medical Officer of Health for the Urban District, you appointed me and I began office on the 1st September, 1940.

In compiling this Report, I have been handicapped by the fact that my personal knowledge of the Health and Sanitary circumstances of the District was confined to the last four months of the year under review, and that I had to rely on records and garnered information for the previous eight months of the year to complete this report. After considering the compilation of a Report for 1939 I concluded that I could not describe the Health and Sanitary circumstances of this District for that year without personal knowledge and experience and I have therefore limited the report of 1939 merely to the tabulation of statistical data.

In accordance with the obligations of my office, I became responsible for the administration of the A.R.P. Casualty Services, not for the Urban District alone, but for the Statutory Joint A.R.P. Area which is constituted by the East and West Ashford Rural Districts, and the Urban District. Considerable re-organisation was required, in months when the enemy was most active in his air attack and when no one knew what was going to happen next, with the probability of invasion occurring ever a constant threat in the foreground. Priority had, of course, to be given to urgent A.R.P. measures, which interfered in many ways with routine public health work, but no major public health issues were neglected, and on the whole the work was carried on without serious dislocation.

I was able to fulfil without interruption my duties as an Assistant County School Medical Officer for two whole days per week, and also my duties as Clinical Officer to the Isolation Hospital and Maternity & Child Welfare Clinics.

I am glad to record that the population of the Urban District spiritedly adapted itself to the harrassing changes which the war brought in its train; and that the Public health has not been appreciably affected.

For some months, many public shelters were used at night as dormitories which were perforce overcrowded and in which the air quickly became vitiated. School children were being congregated in school-shelters in cold and damp atmospheres during the frequent warning periods, in much closer contact than in their classrooms. There was also a constant flux of

population with emigration under the voluntary Evacuation Scheme and immigration from the coastal towns. In addition a large number of soldiers was billeted in the town.

These factors, individually and collectively, afforded conditions which were very favourable to the propagation of epidemic disease, e.g., influenza, cerebro-spinal fever, diphtheria, but none fortunately arose. There was only the epidemic of measles, but this began in February before the above-mentioned factors came into play.

The number of deaths during the year was 312, a notably higher figure than in previous years, e.g., in 1938 and 1939 the number was 248 and 246 respectively. 85 deaths occurred from heart disease, compared with 55 in 1939, and deaths from bronchitis were doubled. Notifications of and deaths from Acute Primary and Influenzal Pneumonia did not, however, increase. Deaths from violence rose from five in 1939 to 21 in 1940. Included in the latter number were 11 persons killed by enemy bombing.

The effects of the war may be said to have had an influence in increasing the total number of deaths during 1940.

It is gratifying to record that the death rate of infants under one year of age reached the low figure of 26, the lowest figure yet recorded. The figures for 1937, 1938 and 1939 were 57, 36 and 39 respectively. It is also worthy of mention that the number of births did not fall as might be expected, the figure 281 being a slight increase over 278 in 1939.

The record low figure for infant deaths is an index of the valuable and vigilant work of the Maternity and Child Welfare and Midwifery Services.

In conclusion, I should like to thank you for your whole-hearted support in furthering the work of the Public Health Department and my staff for their efficient and loyal service.

I am,

Yours obediently,

J. MARSHALL.

SECTION A.

STATISTICS, 1939.

AREA : 5,719 acres.

REGISTRAR-GENERAL'S ESTIMATE OF—

(a) Resident population, mid-1939	22,460
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(b) Average population appropriate to the calculation of Death Rates	23,250
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NUMBER OF INHABITED HOUSES (END OF 1939)

ACCORDING TO THE RATE BOOKS	6,715
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RATEABLE VALUE :—£149,890.

SUM REPRESENTED BY A PENNY RATE :—£585 18s. 10d.

EXTRACTS FROM VITAL STATISTICS.

	Total.	M.	F.		Ashford Urban District.	England and Wales.
Live Births	278	141	137	Birth rate per 1,000	12.37	15.00
1. Legitimate	266	139	127	estimated resident		
2. Illegitimate	12	2	10	population mid-1939.		
Stillbirths	7	5	2	Rate per 1,000 total (live & still) births.	24.56	Not available.
Deaths	246	127	119	Death Rate per 1,000 estimated average population. Adjusted Death Rate	10.58 8.99	12.10

Deaths from puerperal causes (Headings 29 and 30 of the Registrar-General's Short List) :—

DEATHS.					
No. 29.	Puerperal Sepsis	Nil	Rate per 1,000	Nil	0.74
No. 30.	Other puerperal causes	Nil.	total (Live and still) births	Nil.	2.08
	Total	Nil		Nil	2.82
Death rate of Infants under one year of age :—					
All infants per 1,000 live births				.. ..	39 50
Legitimate infants per 1,000 legitimate live births				.. ..	37
Illegitimate infants per 1,000 illegitimate live births				.. ..	83
Deaths from Cancer (all ages)				.. ..	39
Deaths from Measles (all ages)				.. ..	0
Deaths from Whooping Cough (all ages)				.. ..	1
Deaths from Diarrhoea (under 2 years of age)				.. ..	1

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT DURING 1939.

ALL CAUSES.						Males 127	Females 119
1.	Typhoid and Paratyphoid Fevers	..	..	..	..	—	—
2.	Measles	..	..	..	..	—	—
3.	Scarlet Fever	..	..	..	..	—	—
4.	Whooping Cough	..	..	..	..	1	—
5.	Diphtheria	..	..	..	..	—	—
6.	Influenza	..	..	..	..	2	4
7.	Encephalitis Lethargica	..	..	..	..	—	—
8.	Cerebrospinal Fever	..	..	..	..	—	—
9.	Tuberculosis of the Respiratory System	..	..	..	..	8	4
10.	Other Tuberculosis	..	..	..	..	—	—
11.	Syphilis	..	..	..	..	—	—
12.	General Paralysis of the Insane, Tabes, etc.	..	..	..	..	—	—
13.	Cancer, Malignant Disease	..	..	..	..	17	22
14.	Diabetes	..	..	..	..	3	3
15.	Cerebral Hæmorrhage	..	..	..	..	14	7
16.	Heart Disease	..	..	..	..	24	31
17.	Aneurysm	..	..	..	..	—	—
18.	Other Circulatory Diseases	..	..	..	..	10	8
19.	Bronchitis	..	..	..	..	2	11
20.	Pneumonia (all forms)	..	..	..	..	2	3
21.	Other Respiratory Diseases	..	..	..	..	3	4
22.	Peptic Ulcer	..	..	..	..	1	1
23.	Diarrhœa (under 2 years)	..	..	..	..	1	—
24.	Appendicitis	..	..	..	..	3	—
25.	Cirrhosis of Liver	..	..	..	..	—	—
26.	Other diseases of Liver, etc.	..	..	..	..	—	2
27.	Other Digestive Diseases	..	..	..	..	3	—
28.	Acute and Chronic Nephritis	..	..	..	..	4	3
29.	Puerperal Sepsis	..	..	..	..	—	—
30.	Other Puerperal Diseases	..	..	..	..	—	—
31.	Congenital Debility, Premature Birth, etc.	..	..	..	..	4	4
32.	Senility	..	..	..	..	2	1
33.	Suicide	..	..	..	..	3	—
34.	Other Violence	..	..	..	..	2	3
35.	Other Defined Diseases	..	..	..	..	18	7
36.	Ill-defined or not known	..	..	..	..	—	—
37.	Diarrhœa (2 years and over)	..	..	..	..	—	—
Special Causes (included in No. 35 above)—							
	Smallpox	..	..	..	..	—	—
	Poliomyelitis	..	..	..	..	—	—
	Polio-Encephalitis	..	..	..	..	—	—

NOTIFIABLE DISEASES DURING THE YEAR 1939.
(Civilian Population only.)

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Smallpox	—	—	—
Diphtheria	6	6	—
Scarlet Fever	65	65	—
Enteric Fever (including Para- typhoid)	—	—	—
Puerperal Pyrexia	1	—	—
Cerebro-spinal Fever	—	—	—
Acute Poliomyelitis	1	—	—
Acute Polio-Encephalitis	—	—	—
Encephalitis Lethargica	—	—	—
Pneumonia	20	—	2
Erysipelas	2	2	—
TOTAL ..	95	73	2

**ANALYSIS OF TOTAL NOTIFIED CASES UNDER AGE GROUPS,
1939.**

Disease.	Number of Cases Notified.											
	Under one year.	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65 and over
Diphtheria	—	—	—	1	—	1	4	—	—	—	—	—
Scarlet Fever	1	1	3	4	3	22	20	5	5	1	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	1	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	1	—
Pneumonia	—	—	1	2	2	2	1	1	4	2	4	1
Erysipelas	—	—	—	—	—	—	—	—	1	—	—	1
TOTAL ..	1	1	4	7	5	25	25	6	11	3	5	2

TUBERCULOSIS.

New Cases and Mortality during 1939.

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	1	1	—	—	—	—	—
5	—	1	—	—	—	—	—	—
15	2	1	—	—	—	—	—	—
25	3	3	—	—	1	—	—	—
35	1	3	1	—	—	1	—	—
45	—	—	—	—	2	—	—	—
55	—	—	—	—	1	—	—	—
65 and upwards	—	—	—	—	1	—	—	—
TOTAL ..	6	9	2	—	5	1	—	—

Ratio of non-notified tuberculosis deaths to total tuberculosis deaths :

1. One death occurred from respiratory tuberculosis which had not been notified, i.e. 1 in 6.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA FOR 1940.

AREA :—5,719 acres.

REGISTRAR-GENERAL'S ESTIMATE OF :—

(a) Resident population, mid-1940 23,100

(b) Average population appropriate to the calculation of Death Rates 23,100

NUMBER OF INHABITED HOUSES (END OF 1940)

ACCORDING TO THE RATE BOOKS 6,632

RATEABLE VALUE :—£150,396.

SUM REPRESENTED BY A PENNY RATE :—£599 16s. 10d.

SOCIAL CONDITIONS :—

Ashford is an important centre for a wide and rich agricultural area which embraces it. A busy stock-market is consequently centred in the town. Much of the prosperous trade of the town is derived from agricultural sources and resources, which in part contribute towards its busy shopping thoroughfares.

Ashford also merits importance by virtue of its railway junction, where five lines converge. Associated, there are large Railway Works, belonging to the Southern Railway Company. This is the only factory employing labour on a large scale.

There are a number of smaller factories and industries which employ the majority of the others of the "working class" viz. :—an Underwear Factory, Cycle Works, an Iron Foundry, Flour Mills, Printing Works, Agricultural Manufacture Repair Shops, Brick Works, and Building Trades.

The average weekly unemployment rate has dropped from 100—200 pre-war to approximately 30, the majority of the latter being middle-aged men who require light and special work.

Employment in Ashford, on the whole, is very stable. The Winter season which affects the work of certain employees, e.g., building employees and casual agricultural labourers, is usually the biggest factor in the creation of unemployment during the year.

It may be stated, therefore, that unemployment is not a factor, operating against the health and physique of the "working-classes."

EXTRACTS FROM VITAL STATISTICS.

	Total	M.	F.		Ashford Urban District.	England and Wales.
Live Births	281	156	125	Birth rate per 1,000 estimated resident population mid-1940.	12.16	14.6
1. Legitimate	274	151	123			
2. Illegitimate	7	5	2			
Stillbirths	8	6	2	Rate per 1,000 total (live and still) births.	27.67	Not available
Deaths	312	151	161	Death rate per 1,000 estimated average population. Adjusted Death Rate	13.51 12.02	14.3

Deaths from puerperal causes (Headings 29 & 30 of the Registrar-General's Short List).

DEATHS.

No. 29	Puerperal Sepsis	..	1	Rate per 1,000 total (Live & still) births.	3.4	0.52
No. 30	Other puerperal causes	..	Nil		Nil	1.64
Total	..	..	1		3.4	2.16

Death rate of Infants under one year of age :—	Ashford England	
	Urban District.	and Wales
All infants per 1,000 live births	26	55
Legitimate infants per 1,000 legitimate live births	22.9	
Illegitimate infants per 1,000 illegitimate live births	142.85	
Deaths from Cancer (all ages)	50	
Deaths from Measles (all ages)	Nil	
Deaths from Whooping Cough (all ages) ..	Nil	
Deaths from Diarrhoea (under 2 years of age)	1	

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT DURING 1940.

ALL CAUSES.	Males. 151	Females. 161
1. Typhoid and Paratyphoid Fevers ..	—	—
2. Cerebro-spinal Fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	—	—
5. Diphtheria	—	—
6. Tuberculosis of Respiratory System	6	4
7. Other Forms of Tuberculosis	2	1
8. Syphilitic Diseases	—	—
9. Influenza	1	3
10. Measles	—	—
11. Acute Poliomyelitis and Polioencephalitis ..	—	—
12. Acute Infective Encephalitis	—	—
13. Cancer of buccal cavity and oesophagus (M) uterus (F)	2	6
14. Cancer of stomach and duodenum	7	7
15. Cancer of breast	—	8
16. Cancer of all other sites	12	8
17. Diabetes	1	4
18. Inter-cranial vascular lesions	10	17
19. Heart Disease	44	45
20. Other diseases of the circulatory system ..	1	4
21. Bronchitis	11	15
22. Pneumonia	5	1
23. Other respiratory diseases	4	2
24. Ulcer of stomach or duodenum	5	—
25. Diarrhoea under 2 years	1	—
26. Appendicitis	1	1
27. Other digestive diseases	3	2
28. Nephritis	4	5
29. Puerperal and Post-abortion sepsis ..	—	1
30. Other Maternal Causes	—	—
31. Premature Birth	1	1
32. Congenital Malformation. (Birth Injuries. Infantile Diseases)	1	1
33. Suicide	1	1
34. Road Traffic Accidents	2	1
35. Other violent causes	11	7
36. All other causes	15	16

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

(a) LABORATORY FACILITIES.

The Kent County Council Central Laboratory at Maidstone provides a complete service. The Laboratory Authorities deserve special commendation for their efficient organisation, ready co-operation and the promptness in dispatch of reports.

(b) AMBULANCE FACILITIES.

(1) *Infectious Cases.*

One Motor Ambulance (Ashford Urban District Council) is available. It is garaged at the Isolation Hospital and driven by the Porter.

(2) *Non-Infectious Cases, Maternity Cases and Accidents.*

Three modern Motor Ambulances are provided and maintained by the Ashford Corps of the St. John Ambulance Brigade. These Ambulances serve a District of approximately 9 miles radius from Ashford and are fully adequate for all needs. Ashford and District is fortunate to have provided such an efficiently organised service and owes its administrators and personnel who do this voluntary duty a deep debt of gratitude. No effort is spared to make co-ordination with other Districts as complete as possible.

(c) NURSING IN THE HOME.

This is provided by the Ashford and District Nursing Association which is affiliated to the Queen's Institute of District Nursing and the Kent County Nursing Association. There are 5 Queen's Nurses who are all also Certified Midwives on the Staff. Their Nursing area comprises Ashford Urban District, Boughton, Eastwell, Kingsnorth and Great Chart. The nurses are employed in General Nursing, Midwifery and Maternity Nursing. One or more, as required, is employed in General Nursing and relief nurses are engaged when necessary. The other 4 are employed by the Kent County Council as Certified Midwives.

Necessitous cases are nursed free of charge and others are asked to pay small charges in accordance with the level of their Income. A Provident scheme exists whereby annual contributions of 4/-, 6/- and 8/- according to income will afford free nursing to the family and midwifery and maternity nursing at reduced charges, but this scheme has received little support in this District.

This is an excellent and adequate service.

(d) TREATMENT CENTRES AND CLINICS.

Infant Welfare Clinics (A.U.D.C.).

There are three Welfare Centres within the Urban District at :

- (1) Station Road. The sessions begin at 2 p.m. on Tuesday and Thursday of each week.

- (2) St. Mary's Hall, Church Road, North Willesborough, at 2 p.m. on alternate Fridays.
- (3) The Adult School Hall, Gladstone Road, South Willesborough, at 2 p.m. on Fridays alternate to North Willesborough Centre.

Ante-Natal and Post Natal Clinics. (Combined).

- (1) Welfare Centre, Station Road, on the 1st and 3rd Mondays of each month at 2 p.m.

School Medical Service (Kent County Council) Clinics.

The following four Clinics are held at 14, Canterbury Road, Ashford :—

- (1) Dental Clinic.
- (2) Ophthalmic Clinic.
- (3) Ear, Nose and Throat Clinic.
- (4) Minor Ailments Clinic.

Orthopædic Clinic—Kent County Council.

At the Welfare Centre, Station Road, weekly on Tuesdays and Wednesdays alternately at 10.30 a.m. The consultant attends on the 1st and 3rd Tuesdays of each month, with the nurse and masseuse in attendance. The nurse also attends on the 2nd and 4th Wednesdays to provide continued out-patient treatment.

Tuberculosis Clinic—Kent County Council.

- (1) At No. 1 Barrow Hill Place, weekly on Thursday at 10 a.m.

Venereal Disease Clinic—Kent County Council.

- (1) At No. 1, Barrow Hill Place, weekly on Fridays, at 1.30 to 2.30 for females, 2.30 to 3.30 p.m. for males.

MATERNITY AND CHILD WELFARE.

- (1) *Midwifery Service.*

The Kent County Council is the local Supervising Authority for this Service. Four Nurses, who are certified Midwives, of the Ashford and District Nursing Association are employed by the County Council for Midwifery and Maternity Nursing. Uncertified Midwives were prohibited from practice on the 1st November, 1940, by order of the Ministry of Health (Midwives Act 1936).

- (2) *Maternity Services—Ashford Urban District Council.*

(a) *Ante-natal Clinic.* Expectant mothers are brought by the Midwives for consultation with the Medical Officer. If abnormal or complicated they are referred to a private Doctor for treatment or admission to Hospital. Admission to Ashford General Hospital is arranged without difficulty. An arrangement also exists whereby the Medical Officer of the Clinic can have doubtful cases X-rayed in Ashford Hospital.

(b) *Dental Treatment for Expectant and Nursing Mothers.* The Council has an arrangement with a private Dentist. Fees are charged in accordance with the National Insurance Dental Scale.

(c) *Home-Helps*. Six are employed by the Council for domestic work during the lying-in period of the mother. This is a valuable service and is well utilized.

(3) *Institutional Provision for Mothers*.

Arrangements exist between the Council and the Proprietress of a Nursing Home in the Urban District for the admission of expectant mothers whose homes are unsuitable. No cases were however, admitted under the scheme during 1940.

(4) *Child Life Protection*.

At the end of 1940, 24 foster children were boarded out with 21 foster mothers. Powers of inspection are delegated to the two Health Visitors. During the year 132 visits were made by them to foster-homes. No unsatisfactory homes or cases of neglect were reported and no proceedings were necessary. (Public Health Act, 1936, Section 206-220.)

(5) *Consultation and Treatment Clinics*.

Arrangements for consultation and treatment of pre-school children at the following Kent Education Committee School Medical Service Clinics, exist between Ashford Urban Council and the Kent Education Committee.

1. Dental Clinic.
2. Ophthalmic Clinic—Consultation and prescription of glasses, etc. Children requiring Hospital treatment are referred from this Clinic or from the Welfare Clinic to the Kent County Ophthalmic and Aural Hospital at Maidstone.
3. Aural Clinic—Consultation and minor out-patient treatment. Hospital cases are referred to the Kent County Ophthalmic and Aural Hospital.
4. Nose and Throat—Consultation and Out-patient treatment. Hospital cases are referred to Ashford and Willesborough Hospitals.
5. Orthopaedic Clinic—Consultation and Out-patient treatment. Cases requiring Hospital in-patient treatment are usually admitted to the Kent and Canterbury Hospital by arrangement with the County Medical Officer.

Necessitous cases are provided with these services free by the Council. The verified family income of others is assessed in accordance with the scale of charges laid down by the Council, providing for both out-patient and in-patient treatment.

MATERNITY AND CHILD WELFARE FIGURES FOR 1940.

(1) No. of births notified as adjusted for transferred notifications	..	..	277
(a) Number delivered by Doctors	..	..	169
(b) Number delivered by Midwives	..	..	104

(2) Number of visits paid during the year by the two Health Visitors :

(a)	To expectant mothers	1st visits ..	173
		Total Visits ..	419
(b)	To children under 1 year of age	1st Visits ..	279
		Total Visits	1,199
(c)	To children between the ages of 1 and 5 years	Total Visits ..	3,706

INFANT WELFARE CENTRES.

(a)	Number of Centres provided by the Council	..	3
(b)	Total number of children who first attended at the Centre during the year and who on the date of their first attendance were :—		
	(1) Under one year of age	.. ..	175
	(2) Between the ages of 1 and 5 years	..	48
(c)	Total number of children under 5 years of age who attended at the Centres during the year and who at the end of the year were :—		
	(1) Under one year of age	.. ..	142
	(2) Over one year of age	.. ..	491

N.B.—The number of evacuees up to the age of five years who attended the Centre during the year was 68 in 1940 compared with 387 in 1939. These figures are not included in the above.

Total attendances at each of the 3 Centres were :—

(1)	Ashford Centre	.. ..	4,087
(2)	North Willesborough	.. ..	924
(3)	South Willesborough	.. ..	485

ANTE-NATAL AND POST-NATAL SERVICES.

		<i>Ante-Natal.</i>	<i>Post-Natal</i>
(1)	Number of Clinics provided by Council	.. .. 1	1
(2)	Total number of women who attended at the clinics during year	.. .. 94	2

SUPPLY OF MILK AND FOOD.

Dried Milks and supplementary foods, e.g., Cod and Halibut Liver Oil, Virol, etc., are issued to the mothers from the Welfare Centres, in necessitous cases free, to others at cost price.

713½ liquid gallons of milk were provided free before the inception of the National Milk Order, 1,820 pounds of dried milk were sold at cost price and 25 pounds given free. 267 cartons of Cod Liver Oil were sold at cost price and 16 given free. 319 cartons of Virol were sold at cost price and nil given free.

Since the inception of the National Milk Scheme, in July, 1940, expectant and nursing mothers and children under 5 years are provided with liquid and dried milks from Ashford Urban Food Control Office, thus ensuring that these priority classes will always have a sure and adequate supply. (Necessitous cases are supplied free, the others have high quality dried milk at

1/2 per carton or tin). A stock of proprietary dried milks of various manufacture, is kept in the Welfare Centre to provide for the needs of the few babies who cannot assimilate the National Dried Milks of which there are only two products supplied, viz., full-cream and half-cream).

Co-operation between the Food Office and the Welfare Authority has been excellent and the scheme is working very well.

The Health Visitors have the valuable assistance of many voluntary workers at the 3 centres. Their assistance, so willingly given, is highly appreciated by the Council, Medical Officer of Health and the Health Visitors.

During August and the subsequent months of the year the attendances at the Centres were adversely affected by the voluntary evacuation scheme and by constant and frequent siren warnings. It was decided to close the Centres during periods of warning, but so many mothers of those who remained behind kept continually arriving at the closed doors, that the Council decided to re-open the Clinics during these periods and shelters were built immediately contiguous which could be used by mothers if danger was imminent, and which also were open for use by the public in non-clinic periods. This gave a feeling of security to the mothers and favourably affected the attendances. Therefore, despite constant daily air activity by the enemy in these later months, the valuable work of the clinics went on without interruption.

REGISTRATION OF NURSING HOMES.

(*Public Health Act, 1936, Sect. 187, etc.*)

The Council is the Local Authority for the purposes of this Act, these powers having been delegated by the County Council.

There are now only two Registered Homes in the District, the third having closed down in 1939.

(1) One home is registered for 3 maternity beds, no other class of patient being admitted.

(2) The other is registered for 3 maternity beds and five chronic sick and infirm. No surgical or septic cases are admitted.

These homes are regularly inspected by the Medical Officer of Health, and no action was necessary under the above Act. Each attains a high standard in accommodation and facilities and are satisfactorily conducted.

HOSPITALS.

ISOLATION HOSPITAL (ASHFORD URBAN DISTRICT COUNCIL)
WARREN LANE, ASHFORD.

Staff.

(1) Medical Officer :-- Medical Officer of Health.

(2) Matron, Sister and 3 Assistant Nurses.

Temporary or relief nurses are engaged when required.

Accommodation.

In accordance with the standard spacing of 144 sq. ft. floor area and 12ft. wall space, the number of available beds are distributed as follows :—

(1)	Cubicle Block	..	..	8 beds
(2)	Diphtheria Block	..	24	„
(3)	Scarlet Fever Block	..	12	„
(4)	Auxiliary Block	..	6	„
	<i>Total</i>	..	50	beds

N.B.—A number of cots are, of course, available.

The Nurses' Home and Administrative Office are combined in a central building and the blocks are all of the one storey Pavilion type.

There is a theatre in the modern cubicle block.

The Hospital contains a Mechanical Respirator ("Iron Lung") "Both" type, presented by Lord Nuffield, for the treatment of respiratory failure.

Before this War, the Hospital received cases of infectious disease from East and West Ashford Rural Districts as well as from the Urban District, by arrangement between the Rural Councils and the Urban Council. In July, 1940, Folkestone Isolation Hospital was closed down owing to War risks and subsequently cases have been admitted from the Districts which it served, viz. : Folkestone Municipal Borough, Hythe Municipal Borough, New Romney Municipal Borough, Romney Marsh Rural District and Elham Rural District. The Area which the Hospital served was therefore largely increased. However, the majority of the children were voluntarily evacuated from the above Boroughs and this counter-balanced the increase in area. In addition, a number of Service patients were admitted from time to time.

On 11th September, 1940, on instruction from the Senior Regional Medical Officer, all the patients, except those too ill to be removed, were evacuated to another Isolation Hospital further inland. No other cases were admitted, until on further instructions on the 9th October, 1940, the Regional Medical Officer directed that half of the beds in each Ward Block could be occupied at any one time.

Any major notifiable infectious disease is admitted to the Hospital. Measles and Whooping Cough are admitted only when home conditions are unsuitable or when serious complications occur. The Cubicle block is invaluable from this aspect, as hypothetically, 8 different types of infectious disease can be treated without cross infection.

The following table describes the different infectious diseases admitted during 1940 and the Districts they were received from :—

DISEASE.	Ashford U.D.C.	East Ashford R.D.C.	West Ashford R.D.C.	Folkestone M.B.	Hythe M.B.	New Romney M.B.	Dover M.B.	Lenham	Tenterden	Elham R.D.	Deal M.B.	Military
Scarlet Fever ..	15	30	9	3		1	2				2	
Diphtheria ..	9	1	3	17	3					4	6	
Cerebro-spinal Fever	4	1	4	3		1	1	1	1			7
Typhoid ..	1	2									1	
Measles ..	3	2										6
Scabies ..			3									
Erysipelas ..	2		1	1								1
Impetigo ..												2
Poliomyelitis ..	2											
Encephalitis ..	1											
Chicken Pox ..	1											

N.B.—The above cases of Scabies and Impetigo were admitted because no other accommodation could be found for them at the time.

GENERAL HOSPITALS.

(1) ASHFORD GENERAL (VOLUNTARY).

Accommodation (peace-time) .. 90 beds (approx.)

(2) WILLESBOROUGH HOSPITAL (KENT COUNTY COUNCIL).

Accommodation 212 beds

This Hospital was established in June, 1940, by the County Public Health Department, by appropriation. Previously, the building was a Public Assistance Institution. The necessity of its establishment arose when Folkestone Royal Victoria Hospital was largely evacuated and the need for provision of more beds for air-raid and service casualties was imperative.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The water supply within the Urban District is provided by two water Undertakings, i.e., by Ashford Urban District Council, and by The Mid-Kent Water Co.

The Council provides the supply for Central and South Ashford and North and South Willesborough and the Mid-Kent Water Co., for Kennington.

The Council supply is obtained from the following 3 sources :—

- (1) Westwell Source :—this water comes from 2 boreholes approximately 160 feet deep. A softening plant (Clark's Process) is installed here. The water is pumped by an electrically driven pump to a covered reservoir (capacity 1,000,000 gallons) at Potters Corner, Maidstone Road, from where it enters the supply network. There is a connection between this reservoir and 2 stand-by reservoirs (capacity 280,000 and 36,000 gallons respectively) at Barrow Hill and a connection with the Mid-Kent Water Co.'s supply at Potters Corner for emergency use. There is a further connection for emergency use with the Mid-Kent Water Co.'s supply in the Canterbury Road, at Little Bybrook.
- (2) Henwood Source :—this supply comes from four wells with interconnecting adits, approximately 40 feet deep. From the electrically driven pumps (with stand-by steam plant) the water is pumped into the supply network and the surplus goes into the reservoir at Potters Corner.
The above two sources supply the whole of Central and South Ashford.
- (3) Hinxhill Source :—this water comes from a borehole approximately 200 feet deep, being raised by compressed air into a storage adit. The water is pumped by a Reciprocating Pump (oil driven with an alternating electric motor) to a covered reservoir at the Broomfields (capacity 100,000 gallons) from where it supplies the whole of North and South Willesborough. There is a connection for emergency use with the Central and South Ashford supplies at the Railway Bridge, Hythe Road.

These 3 sources provide an adequate supply for the divisions of the town which they serve.

WATER SAMPLES.

Six samples for bacteriological analysis are taken quarterly, 2 from each of the 3 supplies, one from the source and one from the service pipes.

From time to time samples are taken for chemical analysis.

During the year, not one of the 26 samples sent for bacteriological analysis and examined at the County Laboratory, Maidstone, had any presumptive *B. coli* present in 100 c.c.

The waters from each of these 3 supplies is untreated, and therefore, according to the Ministry of Health classification, are entitled to be graded as Class 1 (highly satisfactory) waters.

Reports on samples submitted for chemical analysis, to the County Analyst, have shown in successive years that these waters are also of "good organic quality."

In agreement and by arrangement with the County Laboratory Bacteriologists it is therefore not considered necessary that more frequent samples should be taken. The County Medical Officer furnishes an annual programme, giving quarterly dates, mutually convenient, when the samples should be taken.

THE MID-KENT WATER CO.

The Mid-Kent Water Co.'s supply to Kennington comes from 2 sources, viz. :—

- (1) Barham :—of the 2 sources, this source is the primary and principal supply for Kennington. This water is taken from the chalk, the well being about 200 feet deep. It is pumped to Hastingleigh Reservoir (capacity 500,000 gallons) from which Kennington is supplied.
- (2) Charing :—this water is obtained from the greensand and the borings are approximately 160 feet deep. It is pumped to Fairbourne and Charing Hill reservoirs (capacity 1,000,000 and 283,500 gallons respectively). These reservoirs afford a subsidiary or auxiliary supply to Kennington.

WATER SAMPLES.

Monthly bacteriological and quarterly chemical samples are taken for analysis. These, during the year, were Class 1 waters, bacteriologically, and chemically, were also of good organic quality.

DISTRIBUTION OF WATER SUPPLIES.

1. Number of houses in the Urban District	..	6,632
2. Number on Ashford U.D. Council's supply	..	5,984
3. Number on Mid-Kent Water Co.'s supply	..	582
4. Number using wells	.. ..	66

DRAINAGE AND SEWERAGE.

Sewerage schemes for Willesborough and Kennington were completed in 1939. Consequently the great majority of the houses in the Urban District are now connected with the sewers. 291 houses are not connected, these being situated on the farthermost boundaries of the Urban District and have either water closets connected to cesspools, earth-closets or pail closets.

The large proportion of sewage flows by gravity to the works at Bybrook. Sewage from South Willesborough flows by gravity to the Pumping Station at South Ashford where, after screening, it is pumped together with South Ashford sewage directly to the Sewage Works. The former Disposal Works at South Willesborough were converted in 1939, into a Storm Water pumping station where automatic electric pumps are installed.

The sewage at the Works passes through the following successive processes in treatment, viz., screening, destritus tanks, sedimentation tanks, filter beds and humus tanks. The purified effluent is discharged into the River Stour.

RIVERS AND STREAMS.

There is no source of pollution in the Urban District, except possibly from the effluent from the Sewage Works, but samples of this are taken from time to time to mitigate this possibility. There is no industrial pollution worthy of notice.

CLOSET ACCOMMODATION.

1. Wash down pedestal water closets	..	..	6,316
2. Short hopper closets	..	..	111
3. Long hopper closets	..	..	679

Of these, 7,085 are fitted with flushing apparatus and 21 are hand flushed.

PUBLIC CLEANSING.

(a) Collection of dry house refuse.

This is chiefly collected by motor vehicles, but one or two horse vehicles are still used.

(b) Disposal of dry house refuse.

Since the introduction of the National Salvage Scheme all refuse is now taken to the Bybrook Works where it is sorted by hand. The useless material is disposed of by tipping.

(c) Cleansing of Cesspools.

The tenants made their own arrangements with a Contractor or the Council.

(d) Disposal of Cesspool Contents.

The contents are taken to the Sewage Works for disposal.

SHOPS—(SHOPS ACT 1934).

All the shops in the Urban District were regularly inspected and a few defects relating to ventilation, temperature, and sanitary conveniences were remedied.

SMOKE ABATEMENT.

No nuisances were caused by smoke.

CAMPING SITES.

There are three licensed adjoining encampments on a site at Willesborough Lees, situated in open ground a fair distance away from the nearest houses. Town water is laid on from the main to each encampment, and there are five pail closets, emptied by the tenants. The inhabitants total approximately twelve in number.

Regular inspections are made to see that no nuisances occur.

Sanitary Inspection of Area.	No. in District.	No. of visits in 1940.	No. of faults and defects found.	No. of faults and defects remedied
Bakehouses	16	21	5	5
Dairies	22	48	7	5
Slaughter-houses (Ministry of Food)	3	624	5	5
Other food preparing places which are, as such, subject to inspection ..	62	45	5	5
Offensive Trades	6	14	2	2
Common Lodging Houses ..	1	3	—	—
Houses-let-in-lodgings ..	—	—	—	—
Factories	81			
Workshops	75	65	11	11
Workplaces (other than out- workers homes) ..	4			

NUISANCES AND DEFECTS REMEDIED DURING THE YEAR (OTHER
THAN THOSE ENUMERATED IN THE ABOVE TABULATION).

Overcrowding	6	Refuse receptacles ..	21
Keeping of animals	10	Tents, vans and sheds ..	2
Hop-pickers' camps	0	Smoke nuisances	0
Sanitary Accommodation :		Yard paving	3
(a) Insufficient	26	Dampness	17
(b) Defective	10	Roofs and rain-water pipes ..	13
Drainage :		Floors	6
(a) Re-constructed	30	Walls and Ceilings	12
(b) Repaired	22	Windows and Ventilation ..	8
(c) Cleansed	72	Baths, Lavatory basins and sinks	9
Cesspools :		Water supplies	23
(a) Abolished	15		
(b) Repaired	0		
Offensive Accumulations ..	12	Total number of all kinds paid by the inspectors during the year ..	3,613
Miscellaneous	18		

SWIMMING BATHS.

There is one Public Swimming Bath in the Urban District. There are also two private baths, but these have been disused since the War began.

The water of the Public Bath is treated by Chloramine with a Chlorine content of 0.3 to 0.5 parts per million, which is checked three times daily when the bath is in use. The capacity of the baths is 600,000 gallons.

Samples taken from time to time are satisfactory bacteriologically.

ERADICATION OF BED BUGS.

The number of Council houses found infested was 21. The number of other houses found infested was 24. These were all disinfested.

The method employed of freeing infested houses from bed bugs is as follows :—

- (1) All woodwork such as moulding, skirting boards, etc., are removed together with any loose plaster, and the rear of such boards and exposed places are liberally sprayed with insecticide called Vermicide. Actual contact is obtained therefore between the insecticide and the bugs and eggs, resulting in their certain destruction. Such places as door-locks, electric light switches, etc., also receive attention. Entry to the roof is obtained through the trap-door and the top of the ceiling joists and laths are also sprayed if necessary.
- (3) Nothing is done at the moment, but when tenants of two clearance areas were rehoused in Council houses the whole of the furniture and bedding was treated before removal.
- (4) Disinfestation is carried out in every case by the Local Authority.
- (5) To prevent re-infestation, premises treated for vermin are periodically re-visited and re-inspected.

SCHOOLS.

All the schools in the Urban District have main water supplies and are on main drainage and sewerage. The Sanitary circumstances of all the schools were inspected by the Medical Officer of Health and each was found to be satisfactory.

Infectious disease did not occur in epidemic form in any school and intervention by the Medical Officer of Health was not called for.

The Medical Officer of Health is employed for two whole days per week as an Assistant School Medical Officer by the County Council. This system of combined appointments in County Districts is very sound in practice, and is of inestimable value to the Medical Officer of Health in aiding him to assess the health and cleanliness of the juvenile population in the District, which in itself is a reflection of the health and prosperity of the inhabitants.

When the Medical Officer of Health is clinical officer at the Welfare Centre as well, continuity of the health record of each child who attended the Welfare Centre is assured when the child later attends school and the Medical Officer is able to assess the health of each child in full perspective.

The Medical Officer of Health is much better able to extend the social health services to the home. Mal-nourished children are provided with additional nourishment and supplementary foods from Welfare Centre and school. Defects are found and the child is referred to a private Doctor or to a Specialist and arrangements exist for treatment in Clinic, Hospital or Special Institution.

Necessitous cases have these Medical services provided free.

It is obvious that parents are becoming more health conscious.

Mothers are attending Welfare Centres and at School Medical Inspections in considerable numbers to discuss the health of their children with the Medical Officer and are usually ready to co-operate in the execution of any treatment required. But, unfortunately, there is still an appreciable proportion of mothers who do not co-operate, and default in having treatment for the defects of their children carried out. In the more extreme cases the N.S.P.C.C. Officer can be called in to help, but there are many intermediate cases on whom compulsion is difficult.

The Medical Officer of Health too has full knowledge of the environmental hygiene of his District. The dirty school-child usually comes from a dirty home. The Medical Officer of Health by virtue of his office, can bring pressure to bear on improving the home conditions of the child. Housing conditions dangerous to health can be remedied and the Sanitary Inspector and Health Visitors by visits to the home are able to exert a favourable influence on the parent, if possible. The mother of low mental grade presents a difficult problem.

The Medical Officer of Health is also able to keep under observation the foster-child attending school. Neglect, if it occurs, is easily noted, and the necessary action taken.

Generally speaking, the school child in this District is well nourished, well clothed and shod, clean and healthy and the majority of parents are anxious to co-operate with the Welfare and School Medical Officer, in having health defects treated. Cases of contagious disease, e.g., scabies are rare and infestation by lice occurs in less than 1% of children.

When this was a Reception District for Evacuee Children, the number of children suffering from contagious disease and louse infestation was increased but not to any considerable extent and all these cases were successfully dealt with. For scabies, special treatment was provided in the home by the Medical Officer of Health and contact articles, such as clothes and bedding were disinfested at the Disinfecting Station. Scabies in the school child is also treated at the School Clinic.

There can be little doubt that where possible in County Districts, the policy of combining the duties of the Assistant School Medical with those of the Medical Officer of Health of the District is the correct one.

HOUSING, 1940.

Under the Housing Act, 1925-35, a schedule of 133 unfit houses was sent to the Ministry of Health and they were demolished and the work completed by March, 1938 (particulars of same are attached hereto).

Two further Clearance Areas in Albion Terrace and Mead Road, Willesborough, were considered by this Council, but deferred owing to the War.

Other houses, such as those in Rugby Road and St. John's Lane, also require to be considered as Clearance Areas for action after the War.

A Circular was received from the Ministry of Health on 8th September, 1939, stating that the demolition of houses should no longer be dealt with except in exceptional cases.

The general standard of housing in Ashford is good, and the condition of houses from the point of view of repair can be regarded as satisfactory during War time.

There is, however, some difficulty in getting repairs done in private houses, due to the shortage of labour and materials.

The population has been affected in various ways, such as the voluntary evacuation of part of the Civil population, the influx of people from Coastal towns, and the presence of soldiers' wives and families.

There were not many cases of overcrowding but some were caused by soldiers' wives and families.

PROGRESS UNDER PROGRAMMES.

Housing Act, 1930 and the corresponding provisions in the Housing Act, 1936.

	Houses dealt with in Clearance Areas.	Houses dealt with under Part 2 of the Act, including houses in Improvement Areas.	Total
Number of Houses included in the total programme :—*			
(1) which have been demolished	117	10	127
(2) which have been made fit ..	2	1	3
(3) which have been put out of use for human habitation (including parts of buildings closed) and are <i>not</i> to be demolished ..	—	3	3
(4) which are accounted for in Items 1 to 3 but in respect of which no further action is required (including houses referred to in (c) of footnote)†			
(5) Totals of Items 1 to 4 ..	119	14	133
(6) in respect of which action is necessary but was not completed by 31st March, 1938 (including houses to be dealt with in Clearance Areas) ..	..	..	0
(7) Total Items 5 and 6 ..	..	..	133

* “Total revised programme” means the programme adopted in response to Circular 1331 as supplemented by any further proposals adopted subsequently. Where the area of the Authority has been altered since 1st April, 1933, the “Total revised programme” should relate to the Area as now constituted.

† Houses included in Clearance Orders and Compulsory Purchase Orders submitted to the Minister for confirmation but excluded by him should be shown as follows :—

- if demolished, made fit or put out of use for human habitation, they should be accounted for in column 1 of the appropriate Item 1, 2 or 3 ;
- if further action is proposed but not completed they should be accounted for in item 6 ;
- if excluded unconditionally and no action therefore required, they should be accounted for in column 1 of Item 4.

SECTION D.

HOUSING STATISTICS FOR THE YEAR, 1940.

(1) INSPECTION OF DWELLING-HOUSES.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	138
Number of inspections made for that purpose ..	286
(2) Number of dwelling-houses (included under the preceding headings) which were <i>inspected</i> and recorded under the Housing Consolidation Regulations, 1925	79
Number of inspections made for that purpose ..	181
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health to be unfit for human habitation	0
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	98

(2) REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of <i>informal</i> action by the local authority or their officers	98
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(3) ACTION UNDER STATUTORY POWERS.

A. *Proceedings Under Section 9, 10 & 16 of the Housing Act, 1936.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after the service of a formal notice :—	
(a) By owners	Nil
(b) By Local Authority in default of owners	Nil

B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	Nil
(2) Number of dwelling-houses in which such defects were remedied after service of formal notices :—	
(a) By owners	Nil
(b) By Local Authority in default of owners	Nil

C. *Proceedings under Section 11 and 13 of the Housing Act, 1933.*

- | | |
|---|-----|
| (1) Number of dwelling-houses in respect of which demolition Orders were made | Nil |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | Nil |

D. *Proceedings under Section 12 of the Housing Act, 1936.*

- | | |
|---|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | Nil |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | Nil |

DISINFECTION OF BEDDING, CLOTHING, ETC.

This is done at the Disinfector at Barrow Hill Depot.

The plant consists of a "Velox current steam" disinfecting chamber supplied with steam from a water tube boiler heated by paraffin under pressure.

Batches of bedding up to 250 blankets or their equivalent in other materials can be dealt with at one operation and the plant, although old, works in a fairly satisfactory manner.

Thirty batches were disinfected during 1940, consisting of bedding from infectious disease cases, from the Isolation Hospital and Ashford Hospital, as well as a considerable amount from various Army units.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLIES.

Accredited and Undesignated Milk.

There were at the end of the year in the Urban District 12 Cowsheds with dairies and 10 Dairies. Of these, 4 produce accredited milk for which they obtain a licence from the Kent County Council. The milk of the other 8 registered Producers is undesignated.

Supplying milk to this District there are altogether 21 producer-retailers and 29 retailers. The greater proportion of the supply comes from neighbouring rural areas.

All cowsheds and dairies are regularly inspected and the requirements of the Milk and Dairies Order, 1926, are well complied with. A good standard of cleanliness in the production of milk is maintained, the cows and cowsheds being usually kept in a clean condition.

The 4 accredited farms are equipped according to modern standards, sterilization of utensils being done by steam. In other Dairy Farms boiling soda water is used. Three of the Accredited farms also possess mechanical milking apparatus.

Main water is laid on to all the cowsheds in the District

Pasteurised Milk.

There is only one pasteurised supply, produced from a plant situated in the Urban District. This, however, constitutes a large part of the District's milk supply.

Milk Samples.

The following samples were taken during the year :—

(1)	Accredited	..	..	13
(2)	Pasteurised	..	..	5
(3)	Tuberculin Tested	..	..	2
(4)	Undesignated	..	..	1

Samples of Accredited milk are taken when requested by the Kent County Council. This was suspended for 4 months owing to War disturbances.

Two samples of Tuberculin Tested Milk were taken, as stated, but this relates only to the first part of the year as the retailer discontinued its sale.

Many of the samples did not comply with the required standard. This was due chiefly to the difficulties of obtaining suitable labour on farms, men skilled in the clean production of milk having become scarce.

Pasteurised Milk.

There appears to be good reason for legal insistence on the adoption of the Phosphates test for Pasteurised Milk, as several samples which complied with the bacteriological standard were found to be in fact inefficiently pasteurised.

(b) MEAT AND OTHER FOODS.

Unsound Food (Food and Drugs Act, 1938).

The food shops specializing in tinned and cooked meats were inspected regularly, 51 visits being made for this purpose during the year. The chief cause of unsound food in this group was decomposition due to unavoidable damage and delay in distribution caused through traffic dislocation by enemy action.

The following were certified as unfit for food :—

- 3 tins of Veal and Ham Galantine.
- 1 tin of Jellied Veal.
- 6 tins of Pressed Beef.
- 1 tin of Chicken and Ham Roll.

The approximate weight of the above was 100lbs.

In addition, a small quantity of brawn and sausages which had been delayed in transit was unfit for food.

Towards the end of the year, the distribution was much improved and less damaged food was found.

Samples are sent to the County Bacteriologist and the County Analyst when necessary, of bacteriological and chemical reports.

Shops, stalls, vehicles where food is sold and 23 registered food preparing places were frequently inspected.

Adulteration, etc.

The County Council is the Local Authority responsible for the administration and execution of the Food & Drugs Act, 1938.

SLAUGHTERHOUSES.

There are three slaughterhouses at present in use in the Urban area compared with thirteen in peace time. The work of meat inspection is therefore facilitated by this centralisation although the number of animals slaughtered is far in excess of the peace-time number, due to the fact that the area served includes Ashford Urban and East and West Ashford Rural Districts. The weekly killing averages 25 bullocks and cows, 200 sheep, 20 calves and 20-40 pigs, and the inspection of these carcasses and the general supervision of the associated meat distribution depot, takes up much of the time of one of the inspectors for seven days a week.

The three slaughterhouses were registered as follows :—

Waghorne, Tufton Street. 31.10.1864.

Co-operative Soc., Ltd., St. John's Lane. 31/10/1864.

Marsh, New Street. 31/10/1864.

and are all badly situated by proximity to dwelling houses and are constructed mainly of wood. They are of inadequate size and with insufficient lairage accommodation and cannot be enlarged as there is no land immediately available.

Since the Ministry of Food Restrictions on Slaughtering Order came into force on 15th January, 1940, the slaughterhouses have been maintained in a clean condition and are more frequently cleansed and whitewashed, this being very necessary on account of the large number of animals killed per slaughterhouse compared with peace time. When first used by the Ministry of Food, these slaughterhouses were dealing with far more animals than could be properly dealt with, but with the reduction of the meat ration and the increase of the amount of imported meat available, the work now comes within the capacity of the slaughterhouses from a war standard.

The ten disused slaughterhouses are scattered all over the district and are very unsuitable as hygienic food preparing places, uneconomic in use and their distribution rendered meat inspection extremely difficult.

100% of the carcasses are now inspected. These changes affected by the war indisputably prove the public health advantages that would be obtained if a Public Abattoir were built after the war, to replace the many small and unsatisfactory private slaughterhouses, in this District.

Co-operation between the Council's Meat Inspector, the Food Slaughterhouse Manager and the Area Meat Agent has been excellent and deserves appreciation.

CARCASSES INSPECTED AND CONDEMNED.

	Cattle, excluding cows	Cows	Calves	Sheep & Lambs	Pigs
Number Killed (approx.) ..	1,185	371	569	6,483	357
Number Inspected	1,186	371	569	6,483	357
<i>All Diseases Except Tuberculosis.</i>					
Whole carcasses condemned ..	1	3	6	88	4
Carcasses of which some part or organ was condemned ..	256	84	4	196	23
Percentage of the number in- spected affected with disease other than tuberculosis ..	21.66	23.45	1.75	4.41	7.56
<i>Tuberculosis Only.</i>					
Whole carcasses condemned ..	10	34	1	Nil	1
Carcasses of which some part or organ was condemned ..	284	74	Nil	Nil	4
Percentage of the number in- spected affected with tuber- culosis	24.78	29.11	0.175	Nil	1.4

SECTION F.

PREVALENCE AND CONTROL OF NOTIFIABLE INFECTIOUS DISEASE.

SCARLET FEVER.

16 cases were notified during the year, compared with 66 in 1939. Fortunately, Scarlet Fever in this era is a mild disease in comparison with the severe types of the last Century and severe complications are rare. Almost without exception, all cases are removed to the Isolation Hospital in this District. This would seem to be a better policy for this District than isolation at home. Reports on swabs taken on admission usually reveal profuse cultures of the haemolytic streptococcus in the typical case. The technique of isolation cannot be conducted in the home in a perfect manner and the probability of further cases occurring is always present during the acute and convalescent phases.

It is the practice at the Hospital to take release swabs. If 3 negative swabs are obtained at the end of the 4th week, the patient is discharged.

It is not uncommon, however, for haemolytic streptococci to be cultured from swabs at the end of the 6th week, but it is uncommon to find the organisms persisting in the throat after the 8th week. No antisepsis of the throat or nasal passages is practiced for convalescent carriers, open air treatment being the only method practised. There is thus no danger of the reports on release swabs being masked. As a routine measure, release

swabs seem to be a real safeguard against the occurrence of return cases. Typing of the haemolytic streptococcus is not requested, unless in exceptional cases, and would seem to be unnecessary for routine purposes.

DIPHTHERIA.

8 cases of the disease were notified during the year compared with 6 in 1939. All these cases were removed to the Isolation Hospital and none was admitted too late for treatment to be unsuccessful and in no case was it necessary to give intravenous antitoxin. The above number of cases represents the average number in past years, and preventive measures have been successful against the occurrence of an epidemic. At the end of 1940, a scheme, for the immunization of the juvenile population 'en masse' was being considered, as the congregation of school-children in crowded shelters, combined with immigration and emigration of the child population and other factors greatly increased the risks of an epidemic.

PUERPERAL PYREXIA.

One was notified during the year and the patient died, but this was unavoidable. Since the introduction of chemotherapy the seriousness of this danger to the lying-in mother has been mercifully and greatly reduced. Another potent factor has been the prohibition from midwifery practice of the uncertified midwife.

CEREBRO-SPINAL FEVER.

There were five civilian cases notified during the year compared with nil in 1939, and all were admitted to the Isolation Hospital. Each case was successfully treated by sulphapyridine. A probable explanation of the increase in the number of cases of this sporadic disease was the advent of billeting of soldiers in this area. The War traffic of soldiers is no doubt an important epidemiological factor relating to the occurrence and spread of this disease, but fortunately the new chemotherapy would seem to be specific in curative treatment, if the case is not too far advanced for any form of treatment to be of avail.

ACUTE POLIOMYELITIS.

Two cases were notified in comparison with none in 1939. These were mild cases and made full recoveries.

ENCEPHALITIS LETHARGICA.

One case was notified and was admitted to the Isolation Hospital but the diagnosis was not confirmed and the patient made a full recovery after a mild illness.

PNEUMONIA (*Acute primary and acute influenzal*).

21 cases were notified. None of these cases, as far as is known, was removed to Hospital and there was only one death. The remarkable response of pneumococcal pneumonia to sulphapyridine has had a gratifying effect in reducing the mortality

from this disease and removal to hospital in many cases is evidently not necessary.

MEASLES.

This disease was made notifiable by order of the Ministry of Health in October, 1939. 476 cases were notified during the year. The epidemic began in February and fresh cases occurred until August. One of the chief factors in the causation of spread of this very infectious disease is the fact that cases are most highly infective during the catarrhal stage, which usually lasts 3 or 4 days, resembling a common cold, when the child may be still at school or playing with other children, the disease very often not being diagnosed until the rash appears on the 4th or 5th day, when isolation has lost most of its value, as a preventive measure.

A pool of anti-measles serum is available for use by practitioners on application to the County Laboratory, for prevention and attenuation of the disease after the exposure of the susceptible child. Prevention is especially indicated when the exposed susceptible child is in poor health or suffering from other illness, and attenuation is desirable when the child is healthy and robust.

Complicated cases are admitted to the Isolation Hospital if the limited cubicle accommodation permits.

WHOOPING COUGH.

This disease was also made compulsorily notifiable in October, 1939. Strangely enough, no cases were notified during the year. It was unlikely that cases treated by doctors occurred which were not notified as 476 cases of measles were notified, and therefore as measles and whooping cough became notifiable at the same time, practitioners would be fully aware that it was a notifiable disease. A few non-notified cases, however, came to the notice of the Health Visitors.

NOTIFIABLE DISEASES DURING THE YEAR 1940.
(Civilian Population Only.)

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths,
Smallpox	—	—	—
Diphtheria	8	8	—
Scarlet Fever	16	14	1
Enteric Fever (Including Paratyphoid) ..	1	1	—
Puerperal Pyrexia	1	—	—
Cerebro-spinal Fever ..	5	5	—
Acute Poliomyelitis	2	2	—
Acute Polioencephalitis ..	—	—	—
Pneumonia	21	—	1
Erysipelas	7	2	—
Measles	476	—	—

TUBERCULOSIS.

New Cases and Mortality during 1940.

Age period.	NEW CASES.				DEATHS.			
	Respiratory M.	F.	Non-Respiratory M.	F.	Respiratory M.	F.	Non-Respiratory M.	F.
0 ..								
1 ..								
5- ..				3				
15- ..	6	4						
25- ..		3				2		
35- ..	2	2			1	1		
45- ..	1					1		
55- ..								
65 and upwards								
Totals ..	9	9		3	1	4		

N.B.—There were no non-notified tuberculosis deaths during 1940

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS REGS. 1925) AND PUBLIC HEALTH ACT, 1936, Section 172.)

No action was necessary under the above powers.

The dwelling of each new case is visited by the Medical Officer of Health or Sanitary Inspector and unhygienic conditions remedied as far as possible. Disinfection of bedding, clothing, etc., is carried out and the premises are thoroughly cleansed.

